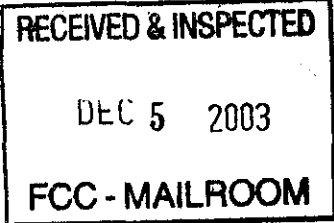


Federal Communications Commission
Washington, D.C. 20554



In the matter of Request for Review of }
the Decision of the }
Universal Service Administrator by }
 }
North American Family Institute }
Danvers, Massachusetts }
 }
Federal-State Joint Board on Universal Service }
 }

FCC DOCKET NO. 02-6

**REQUEST FOR REVIEW OF AN ADMINISTRATOR DECISION BY THE
FEDERAL COMMUNICATIONS COMMISSION**

i. Introduction

This is an appeal seeking review of an Administrator's Decision on Appeal dated October 7, 2003 by the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC or Administrator). By this appeal, the North American Family Institute (NAFI) seeks review of the SLD's interpretation of certain NAFI funding requests as ineligible due to insufficient documentation provided. For the reasons which follow, NAFI respectfully requests that the FCC grant its appeal.

ii. Statement of the Relevant Facts

The North American Family Institute, Inc (NAFI) is a non-profit human service agency with a mission to create diverse and innovative services to help individuals assume control over their lives and become responsible and productive

No. of Copies rec'd _____
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citizens. As a multi-state organization, we deliver a wide array of services for children, adults and families who need guidance, mental health, educational and integrated systems of treatment and support. One significant part of our program is alternative K-12 schools for youth with special needs. These schools operate under the appropriate state departments of education and offer structured instruction in keeping with state curriculum requirements and which lead to high-school diplomas. It is for a number of these school programs in a number of states that we submitted the abovementioned 471 application for E-Rate eligible services. Because our schools are in a different states and utilize a large degree of site-based administration, there are a considerable number of vendors for these services, each chosen to best meet each school's needs.

The SLD denied certain of the funding requests on the subject 471 stating "Applicant has not provided sufficient documentation to determine the eligibility of this item." NAFI believes that sufficient information was provided and that all information requested by the SLD during processing of the application was provided in as requested. Therefore, NAFI filed an appeal request which the SLD denied via a decision letter dated October 7, 2003. The denial letter stated that "SLD successfully contacted Louisa Loke (contact person listed on Block 1 of From 471) via telephone, fax and e-mail on October 10, 2002 and November 11, 2002 and Ms. Loke was informed of the 7-day timeframe for submitting the additional documentation to the SLD. As of the date of the Funding Commitment decision Letter, we did not receive a response to our request for additional information. Therefore, we are unable to determine if the funding requests were eligible and the application was denied." The SLD further states that the billing records provided to support the funding requests could not be considered "Program rules do not permit

SLD to accept new information of appeal except under limited circumstances where an applicant was not given an opportunity to provide information during the initial review...”

NAFI respectfully asserts that a) the SLD claim of having successfully contacted NAFI is in error, b) that the billing records provided with the appeal should have been considered and that c) the funding request for local telephone service at schools that were determined to be eligible for E-Rate participation in other Form 471 applications were clearly eligible and should have been funded, even in the absence of additional information regarding the number of telephone lines at each location.

In the matter of funding request 892839 which was missing a SPIN number for the vendor NAFI accepts the SLD’s denial. NAFI worked with the vendor to get them to apply for a SPIN number but they did not complete the process in a timely fashion.

iii. Questions Presented for Review

1. In reference to the denial of the NAFI appeal of February 21 ,2003 by the SLD Decision on Appeal dated October 7, 2003, the questions presented for review are:
 - a. Did the SLD successfully contact NAFI requesting additional information?
 - b. Whether the billing records provided on appeal should have been considered?
 - c. Whether there was sufficient information to determine that the service is eligible?

iv. **Argument.**

a. **Did the SLD successfully contact NAFI requesting additional information?**

NAFI keeps careful records regarding all aspects of the E-Rate program, including communications with the SLD. The table below shows all communications from the SLD in our records for 2002. This table should be taken as evidence of the lack of successful communication by the SLD to NAFI, of NAFI's care in responding to the SLD, and of NAFI's care in recording salient details of its E-Rate participation. Subsequent to receiving the SLD Decision on Appeal Ms. Loke reviewed her email and other communication records and found no communication from the SLD on the dates specified. Furthermore, the NAFI IT Department searched email server backup tapes for the dates specified and also found no records of any communication from the SLD.

	SLD contact	Date of SLD communication	Method used by SLD	Case #	NAFI respondent	Date of NAFI response	Method of NAFI response
1	Heidi Collins	3/15/02	Email	118470 & 118394	Louisa	4/1/02	Fax
2	Nathan Littlejohn	3/19/02	Email	119286	Louisa	3/22/02	Fax
3	Nathan Littlejohn	3/19/02	Email	119287	Louisa	3/22/02	Fax
4	Nathan Littlejohn	3/19/02	Email	119289	Louisa	3/22/02	Fax
5	Nathan Littlejohn	3/19/02	Email	119290	Louisa	3/22/02	Fax
6	Nathan Littlejohn	4/11/02	Email	119287	Louisa	4/19/02	Fax
7	Nathan Littlejohn	4/11/02	Email	119289	Louisa	4/19/02	Fax
8	Nathan Littlejohn	4/11/02	Email	119290	Louisa	4/19/02	Fax
9	Heidi Collins	4/12/02	Email & Fax	118470 & 118394	Louisa	4/19/02	Fax
10	Nathan Littlejohn	4/22/02	Email	119287	Louisa	4/29/02	Fax
11	Nathan Littlejohn	4/22/02	Email	119290	Louisa	4/29/02	Fax
12	Heidi Collins	4/24/02	Email & Fax	118470	Louisa	4/26/02	Fax
13	Sherry Tabor	5/6/02	Fax	Application 330364	Louisa	5/14/03	Fax
14	Sherry Tabor	5/21/02	Email	Application 330364	Louisa	5/21/02	Email
15	Sherry Tabor	5/23/02	Email	Application 330364	Louisa	5/23/02	Email
16	Sherry Tabor	6/11/02	Email	Application 330364	Louisa	6/11/02	Fax
17	Rina Patel	7/24/02	Email	App# 330364, 330398, 330406, 330420, 330442, 330386	Louisa	7/31/02	Fax

In view of the above, the FCC should decide that there was no successful communications by the SLD to NAFI on the above dates and remand the application to the SLD for further processing.

b. Whether the billing records provided on appeal should have been considered?

NAFI maintains that it was not given the opportunity to provide the information sought by the SLD during the initial review since it never received any such request. We note that the record shows in the response to question a) above that NAFI consistently provides timely responses to all SLD queries. Since the information in question was not successfully communicated to NAFI it did not have the opportunity to provide it during the initial review.

In view of the above, the FCC should decide that the billing information provided on appeal should be accepted by the SLD as evidence in deciding the eligibility of this funding request and remand the application to the SLD for further processing.

c. Whether there was sufficient information to determine that the service is eligible?

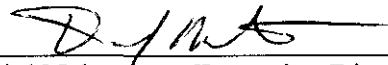
NAFI believes that the funding request items which were identified on the 471 application as local telephone service were plainly eligible on their face and did not require the additional information requested by the SLD to make such a determination. Local telephone service is clearly an eligible service under the program rules. The funding amounts requested are based on actual billed amounts at each eligible entity.

We respectfully request that questions a and b above, be considered separately from question c. Questions a and b address communication and documentation issues. Question c addresses the eligibility of local telephone services independent of the communication issues raised in a and b. Such services are clearly eligible and the FCC should remand the application to the SLD for further processing.

v. **Relief Sought**

For the reasons stated above, NAFI respectfully requests that the FCC grant its appeal and order that NAFI's application be remanded to the SLD to issue a new funding commitment decision providing discounts for the above funding requests.

Respectfully submitted,
THE NORTH AMERICAN FAMILY
INSTITUTE

By: 
Daniel Nakamoto, Executive Director of
Administrative Services
North American Family Institute
10 Harbor St
Danvers, MA 01923

Louisa Loke

From: SLD Problem Resolution [SLDProblemResolution@ncs.com]
Sent: Friday, March 15, 2002 1:36 AM
To: 'Louisa_Loke@nafi.com'
Subject: Form 471 FY5//Form Identifiers: Network and Internet (Please Reply)

Louisa Loke,

We are making this contact with you to obtain the necessary information to successfully data enter your Form 471 Services Ordered and Certification Form. Here is the information we need from you so that we may complete data entry of your application for E-Rate Discounts:

Form Identifier: Network

Block 4/Column 1: The Entity Name you have provided for DeFuniak Springs-Half Way House and Dodge /Bridge Crossing do not match with the names we have in our systems. Please look over your records and report the correct name.

Block 5 Item 15 on page 1_ of 1_: Provide the contract number for this service. If there is no reference number for your contract, please enter N/A. If this is a tariffed service, place a T in Item 15. If the service is purchased under a month-to-month arrangement, please enter MTM in Item 15. If the service is T or MTM, then you will have to complete item 19b.

Block 5 Item 22a&b: This item was left blank. Please indicate wheather the service is site specific (letter a), or if the service is shared by all entities (letter b).

Form Identifier: Internet

Block 4/Column 1: The Entity Name you have provided for DeFuniak Springs-Half Way House and Dodge /Bridge Crossing do not match with the names we have in our systems. Please look over your records and report the correct name.

Block 4/Column 7: Please note that the percentage has changed from 70% to 80% for Caledonia School. This changes your overall percentage to 89%, thus changing the amounts in Item J and K of your block 5.

Block 5 Item 15 on page 1_ of 1_: Provide the contract number for this service. If there is no reference number for your contract, please enter N/A. If this is a tariffed service, place a T in Item 15. If the service is purchased under a month-to-month arrangement, please enter MTM in Item 15. If the service is T or MTM, then you will have to complete item 19b.

Please make this correction to your form and fax a copy of the corrected page to my attention at 888-276-8736. If you have any questions, please call me at 888-203-8100 and reference case number 118470 &118394.

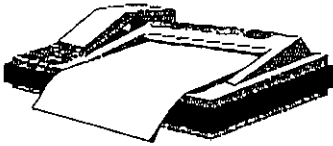
We need to receive this information from you within 7 calendar days of this communication with you. If we do not receive the requested information from you within this time frame, your Form 471 application will be rejected and returned to you.

Thank you,
Heidi Collins
Client Service Bureau/Problem Resolution
Schools and Libraries Division

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 4904
CONNECTION TEL 18882768736
SUBADDRESS
CONNECTION ID
ST. TIME 04/01 17:00
USAGE T 02'14
PGS. SENT 5
RESULT OK



Facsimile Cover Sheet

To: Heidi Collins

Company: SLD

Phone: 888-203-8100

Fax: 888-276-8736

From: Louisa Loke

Company: NAFI

Phone: 978-774-0774 or 978-774-0775, ext. 192

Fax: 978-774-2262

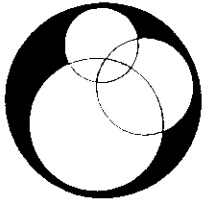
E-Mail: Louisaloke@nafi.com

Date: 4/1/02

No. of pages
including cover page: 5

Comments:

Re: case #118470 & 118394



NAFI/NFI

creating diverse and innovative services for people

April 1, 2002

Re: Case Number: 118470 & 118394

ADMINISTRATIVE OFFICES:

10 Harbor Street

Danvers, MA 01923

Tel: (978) 774-0774

Main Fax: (978) 774-8369

Alternate Fax: (978) 774-2262

TTY: (978) 762-6314

Dear Ms. Collins,

Attached please find a copy of form 471 Block 5 for Form Identifier: Network

- Block 4 / Column 1:
The current correct name for Entity Number 212539 is Defuniak Springs - Half Way House.
It is indeed a school.
The current correct name for Entity Number 221867 is Dodge/Bridge Crossing. It is indeed a school.
- Block 5 Item 15 on page 1 of 1:
I had made the correction on the fax.
- Block 5 Item 22 a & b:
It is a shared service and 22b contains "A1". Please refer to the fax.

Attached a copy of form 471 Block 4 and Block 5 for Form Identifier: Internet

- Block 4 / Column 1:
The current correct name for Entity Number 212539 is Defuniak Springs - Half Way House.
It is indeed a school.
The current correct name for Entity Number 221867 is Dodge/Bridge Crossing. It is indeed a school.
- Block 4 / Column 7:
I had made the correction. Please refer to the fax.
- Block 5 Item 15 on page 1 of 1:
I had made the correction. Please refer to the fax.

Please feel free to contact me if you have any questions.

Sincerely,

Louisa Loke

Entity Number: 227033	Applicants Form Identifier:	Network
Contact Person: Louisa Loke	Phone Number:	(978) 774-0774

Block 5: Discount Funding Request(s)

Block 5, page x of x

Instructions: Use one Block 5 page for **EACH** service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in instructions) N/A									
	16 Billing Account Number (e.g., billed telephone number) (978) 774-0774									
12 Form 470 Application Number (15 digits) 681020000377973	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2001									
13 SPIN - Service Provider Identification Number (9 digits) 143004778	18 Contract Award Date (mm/dd/yyyy) 1/16/2002									
	19a Service Start Date (mm/dd/yyyy) 7/1/2002									
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)									
14 Service Provider Name Retrofit Technologies	20 Contract Expiration Date (mm/dd/yyyy) 6/30/2002									
21 Description of This Service:	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 1 _____									
22 Entity/Entities Receiving This Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): <u> A1 </u>									
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	940212	22189	918023	918023	90%	\$ 826,220.70

Entity Number: 227033
Contact Person: Louisa Loke

Applicants Form Identifier:
Phone Number:

Internet
(978) 774-0774

Block 4: Discount Calculation Worksheet A for Schools/School Districts

Worksheet #A-1 _____

Page 1 _____ of 1 _____

Instructions: If you are filing a School/School District application, use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

(For Administrator's Use)

10a If you are:

- Applying for discounts **ONLY** for an individual school, or **ONLY** site-specific services: Complete columns 1-7 only for each school. Add and number pages as needed. Then use each school's Entity Number and its discount from Column 7 to complete Block 5 site-specific service to that school.
- Applying for discounts on services shared by **ALL** schools in the district (with or without site-specific services as well): Complete all columns 1-8 for all schools in the district. Then use the Weighted Average Discount in 10c (below) to complete Block 5 for shared services.
- Applying for discounts on different shared services shared by different groups of schools (with or without site-specific services as well): Complete one worksheet, columns 1-8 PLUS 10c, for EACH different group of schools sharing a service. Designate this worksheet A-1, A-2, A-3, etc.

10b List entities and calculate discount(s).

School District Name: North American Family Institute School District Entity Number: 227033

1	2	3	4	5	6	7	8
Name of Eligible School	Entity Number	Urban or Rural U or R	Total # of Students	# of Students Eligible for NSLP	% Students Eligible for NSLP (Col. 5 ÷ Col. 4)	Discount % from Discount Matrix	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
Stepping Stone	221844	U	22	22	100%	90%	19.8
Touchstone	202008	R	20	20	100%	90%	18.0
Sawmill Academy	227067	U	25	25	100%	90%	22.5
Hendry County	222010	R	64	64	100%	90%	57.6
TOYC	219981	U	48	48	100%	90%	43.2
Ace	222128	U	20	20	100%	90%	18.0
Alternatives	222129	U	32	32	100%	90%	28.8
Alliance House	221843	U	15	15	100%	90%	13.5
Chauncy Hall	221961	R	20	20	100%	90%	18.0
CIP	223069	U	12	12	100%	90%	10.8
North Crossing	221964	U	8	8	100%	90%	7.2
NE Diversion	221965	U	14	14	100%	90%	12.6
Shelter Care	221966	U	25	25	100%	90%	22.5
Positive Opportunity Program	227069	R	16	16	100%	90%	14.4
Cornerstone	219921	R	30	30	100%	90%	27.0
Turning Points	222042	R	25	25	100%	90%	22.5
Centerpoint	222041	R	25	25	100%	90%	22.5
Caledonia School	227078	R	16	8	50%	80%	12.8
Dirigo	4028	R	7	7	100%	90%	6.3
Dodge/Bridge Crossing	221867	U	16	16	100%	90%	14.4
Stetson	221866	R	8	8	100%	90%	7.2
Buxton	221870	R	8	8	100%	90%	7.2
Sidney	221868	R	8	8	100%	90%	7.2
Davenport	227068	R	15	15	100%	90%	13.5
Midway Shelter	221865	R	15	15	100%	90%	13.5
North Country Shelter	221864	R	15	15	100%	90%	13.5
Contoocook	221862	R	30	16	53%	80%	24.0
for calculating	Weighted Average Discount		559				498.5
10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %)							89%

Entity Number: 227033
Contact Person: Louisa Loke

Applicants Form Identifier:
Phone Number:

Internet
(978) 774-0774

Block 5: Discount Funding Request(s)

Block 5, page 1 of 2

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input checked="" type="radio"/> Internet Access <input type="radio"/> Internal Connections					15 Contract Number (if available, use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) N/A					
12 Form 470 Application Number (15 digits) 681020000377973					16 Billing Account Number (e.g., billed telephone number) (978) 774-0774					
13 SPIN - Service Provider Identification Number (9 digits) 143001123					17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2001					
					18 Contract Award Date (mm/dd/yyyy) 1/16/2002					
					19a Service Start Date (mm/dd/yyyy) 7/1/2002					
					19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)					
14 Service Provider Name WorldCom Communications					20 Contract Expiration Date (mm/dd/yyyy) 6/30/2002					
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 1 _____										
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others); list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A1										
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
32,582.10	-	32,582.10	12	390,985.20	0	0	0	390,985.20	89%	\$ 347,976.83

Louisa Loke

From: Littlejohn, Nathan [LittNa@ncs.com]
Sent: Tuesday, March 19, 2002 6:42 PM
To: 'Louisa_Loke@nafi.com'
Subject: 471 Application ID <form identifier: email> -PR Case ID#<case#1 19286>

We are making this contact with you to obtain the necessary information to successfully data enter your Form 471 Services Ordered and Certification Form. Here is the information we need from you so that we may complete data entry of your application for E-Rate Discounts:

Funding Yr: 5
 Billed Entity: North American Family Institute

Block 5 Item 15 on page 1: Provide the contract number for this service. If there is no reference number for your contract, please enter /A. If this is a tariffed service, place a T in item 15. If the service is purchased under a month-to-month arrangement, please enter MTM in Item 5.

Block 5 Item 20 on page 1: For contracted services, enter the date the contract expires. For tariffed and month-to-month services, leave this item blank. The date that you placed in this blank does not occur within funding Yr. 5 (07/01/2002 -- 06/30/2003).

Please make these corrections to your form and fax a copy of the corrected pages to my attention at 888-276-8736. If you have any questions, please call me at 888-203-8100 and reference case number 119286.

We need to receive this information from you within 7 calendar days of this communication with you. If we do not receive the requested information from you within this time frame, your Form 471 application will be rejected and returned to you.

Thank you,

Nathan Littlejohn
 Client Service Bureau/Problem Resolution
 Schools and Libraries Division

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 4791
CONNECTION TEL 18882768736
SUBADDRESS
CONNECTION ID
ST. TIME 03/22 15:11
USAGE T 01'09
PGS. SENT 3
RESULT OK



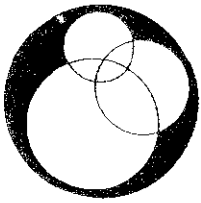
Facsimile Cover Sheet

To: Nathan Littlejohn**Company:** SLD**Phone:** 888-203-8100**Fax:** 888-276-8736**From:** Louisa Loke**Company:** NAFI**Phone:** 978-774-0774 or 978-774-0775, ext. 192**Fax:** 978-774-2262**E-Mail:** Louisaloke@nafi.com**Date:** 3/22/02

No. of pages
including cover page: 3

Comments:

Re: case #119286



NAFI / NFI

creating diverse and innovative services for people

March 22, 2002

Form 471 Application
Entity Number 227033
Re: Case #119286

ADMINISTRATIVE OFFICES:

10 Harbor Street
Danvers, MA 01923
Tel: (978) 774-0774
Main Fax: (978) 774-8369
Alternate Fax: (978) 774-2262
TTY: (978) 762-6314
Web Site: <http://nafi.com>

Dear Mr. Littlejohn,

Attached please find a copy of form 471, Block 5. I had made the corrections on Block 5, item 15 and item 20. Please feel free to contact me if you have any questions.

Sincerely,

Louisa Loke

Entity Number: 227033	Applicants Form Identifier:	email
Contact Person: Louisa Loke	Phone Number:	(978) 774-0774

Block 5: Discount Funding Request(s)

Block 5, page 1 of 1

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input checked="" type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available, use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) N/A 16 Billing Account Number (e.g., billed telephone number) (978) 774-0774
12 Form 470 Application Number (15 digits) 681020000377973	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2001
13 SPIN - Service Provider 143020189 Identification Number (9 digits)	18 Contract Award Date (mm/dd/yyyy) 1/16/2002 19a Service Start Date (mm/dd/yyyy) 7/1/2002 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)
14 Service Provider Name eChalk LLC	20 Contract Expiration Date (mm/dd/yyyy) 6/30/2003

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
 Attachment # 1 _____

22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: _____
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A1 _____

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
	-	-	12	-	3500	175	3325	3,325.00	90%	\$ 2,992.50

Louisa Loke

From: Littlejohn, Nathan [LittNa@ncs.com]
Sent: Tuesday, March 19, 2002 11:31 PM
To: 'Louisa_Loke@nafi.com'
Subject: 471 Application ID <form identifier: Telephone> -PR Case ID# [REDACTED] 119287

We are making this contact with you to obtain the necessary information to successfully data enter your Form 471 Services Ordered and Certification Form. Here is the information we need from you so that we may complete data entry of your application for E-Rate Discounts:

Funding Yr: 5
Billed Entity: North American Family Institute

Block 5 Item 15 on pages 1 - 15: Provide the contract number for this service. If there is no reference number for your contract, please enter N/A. If this is a tariffed service, place a T in Item 15. If the service is purchased under a month-to-month arrangement, please enter MTM in Item 15.

Please make these corrections to your form and fax a copy of the corrected pages to my attention at 888-276-8736. If you have any questions, please call me at 888-203-8100 and reference case number 119287.

We need to receive this information from you within 7 calendar days of this communication with you. If we do not receive the requested information from you within this time frame, your Form 471 application will be rejected and returned to you.

Thank you,

Nathan Littlejohn
Client Service Bureau/Problem Resolution
Schools and Libraries Division

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 4792
CONNECTION TEL 18882768736
SUBADDRESS
CONNECTION ID
ST. TIME 03/22 15:36
USAGE T 06'30
PGS. SENT 14
RESULT OK



Facsimile Cover Sheet

To: Nathan Littlejohn

Company: SLD

Phone: 888-203-8100

Fax: 888-276-8736

From: Louisa Loke

Company: NAFI

Phone: 978-774-0774 or 978-774-0775, ext. 192

Fax: 978-774-2262

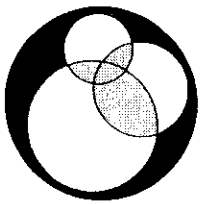
E-Mail: Louisaloke@nafi.com

Date: 3/22/02

No. of pages
including cover page: 14

Comments:

Re: case #119287



NAFI/ NFI

creating diverse and innovative services for people

March 22, 2002

Form 471 Application
Entity Number 227033
Re: Case #119287

ADMINISTRATIVE OFFICES:

10 Harbor Street
Danvers, MA 01923
Tel: (978) 774-0774
Main Fax: (978) 774-8369
Alternate Fax: (978) 774-2262
TTY: (978) 762-6314
Web Site: <http://nafi.com>

Dear Mr. Littlejohn,

Attached please find a copy of form 471, Block 5. I had made the correction on Block 5, item 15. Please feel free to contact me if you have any questions.

Sincerely,

Louisa Loke

Entity Number: 227033
Contact Person: Louisa Loke

Applicants Form Identifier:
Phone Number:

Telephone
(978) 774-0774

Block 5: Discount Funding Request(s)

Block 5, page 1 of 12

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input checked="" type="radio"/> Internet Access <input type="radio"/> Internal Connections				15 Contract Number (if available, use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM						
				16 Billing Account Number (e.g., billed telephone number) 978-521-1622						
12 Form 470 Application Number (15 digits) 681020000377973				17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2001						
13 SPIN - Service Provider Identification Number (9 digits) 143001192				18 Contract Award Date (mm/dd/yyyy)						
				19a Service Start Date (mm/dd/yyyy) 7/1/2002						
				19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2003						
14 Service Provider Name AT&T				20 Contract Expiration Date (mm/dd/yyyy)						
21 Description of This Service:				You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 1 _____						
22 Entity/Entities Receiving This Service:				a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A1 _____						
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
		15.25	12	183			0	183	89%	\$ 162.87

Entity Number: 227033

Contact Person: Louisa Loke

Applicants Form Identifier:

Phone Number:

Telephone

(978) 774-0774

Block 5: Discount Funding Request(s)Block 5, page 2 of 12**Instructions:** Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #

(to be assigned by administrator)

11 Category of Service (only ONE category should be checked)☐ Telecommunications Service ☒ Internet Access ☐ Internal Connections**15 Contract Number** (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)

MTM

16 Billing Account Number (e.g., billed telephone number)

0000-000002989690-7

12 Form 470 Application Number (15 digits)

681020000377973

17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)
(based on Form 470 filing)

12/13/2001

13 SPIN - Service Provider

Identification Number (9 digits)

143008443

18 Contract Award Date (mm/dd/yyyy)**19a Service Start Date** (mm/dd/yyyy)

7/1/2002

19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)

6/30/2003

14 Service Provider Name

Earthlink Network Inc

20 Contract Expiration Date (mm/dd/yyyy)**21 Description of This Service:**

You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.

Attachment # 2

22 Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: _____

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A1 _____

23 Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
91.75	0	91.75	12	1,101.00				1,101.00	90%	\$ 990.90

Entity Number: 227033
Contact Person: Louisa Loke

Applicants Form Identifier:
Phone Number:

Telephone
(978) 774-0774

Block 5: Discount Funding Request(s)

Block 5, page 3 of 12

Instructions: Use one Block 5 page for **EACH** service (Funding Request Number) for which you are requesting discounts.
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections		15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM								
		16 Billing Account Number (e.g., billed telephone number) 0000059692								
12 Form 470 Application Number (15 digits) 681020000377973		17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2001								
13 SPIN - Service Provider Identification Number (9 digits) 143018425		18 Contract Award Date (mm/dd/yyyy)								
		19a Service Start Date (mm/dd/yyyy) 7/1/2002								
		19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2003								
14 Service Provider Name Fairpoint		20 Contract Expiration Date (mm/dd/yyyy)								
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 3 _____										
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A1 _____										
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
305.58	0	305.58	12	3667			0	3,667.00	89%	3,263.63

Entity Number: 227033
Contact Person: Louisa Loke

Applicants Form Identifier:
Phone Number:

Telephone
(978) 774-0774

Block 5: Discount Funding Request(s)

Block 5, page 4 of 12

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections		15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM								
		16 Billing Account Number (e.g., billed telephone number) 1-802-748-6282								
12 Form 470 Application Number (15 digits) 681020000377973		17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2001								
13 SPIN - Service Provider Identification Number (9 digits) 143008958		18 Contract Award Date (mm/dd/yyyy)								
		19a Service Start Date (mm/dd/yyyy) 7/1/2002								
		19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2003								
14 Service Provider Name Flanders Telephone Service		20 Contract Expiration Date (mm/dd/yyyy)								
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 4 _____										
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A1 _____										
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
739.80	0	739.80	12	8,877.60			0	8,877.60	89%	\$ 7,901.06

Entity Number: 227033
Contact Person: Louisa Loke

Applicants Form Identifier:
Phone Number:

Telephone
(978) 774-0774

Block 5: Discount Funding Request(s)

Block 5, page 5 of 12

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections		15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM								
12 Form 470 Application Number (15 digits) 681020000377973		16 Billing Account Number (e.g., billed telephone number) 603-746-7702-11257316								
13 SPIN - Service Provider Identification Number (9 digits)		17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2001								
		18 Contract Award Date (mm/dd/yyyy)								
		19a Service Start Date (mm/dd/yyyy) 7/1/2002								
		19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2003								
14 Service Provider Name MCT Telecom		20 Contract Expiration Date (mm/dd/yyyy)								
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 5 _____										
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A1 _____										
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
256.83	0	256.83	12	3,082.00			0	3,082.00	89%	\$ 2,742.98

Entity Number: 227033
Contact Person: Louisa Loke

Applicants Form Identifier:
Phone Number:

Telephone
(978) 774-0774

Block 5: Discount Funding Request(s)

Block 5, page 6 of 12

Instructions: Use one Block 5 page for **EACH** service (Funding Request Number) for which you are requesting discounts.
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections		15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in instructions) MTM								
		16 Billing Account Number (e.g., billed telephone number) OS10								
12 Form 470 Application Number (15 digits) 681020000377973	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2001									
13 SPIN - Service Provider Identification Number (9 digits)	18 Contract Award Date (mm/dd/yyyy)									
	19a Service Start Date (mm/dd/yyyy) 7/1/2002									
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2003									
14 Service Provider Name NAFHO	20 Contract Expiration Date (mm/dd/yyyy)									
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>6</u>										
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A1 _____										
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
50.17	0	50.17	12	602.00			0	602.00	89%	\$ 535.78

Entity Number: 227033
Contact Person: Louisa Loke

Applicants Form Identifier:
Phone Number:

Telephone
(978) 774-0774

Block 5: Discount Funding Request(s)

Block 5, page 7 of 12

Instructions: Use one Block 5 page for **EACH** service (Funding Request Number) for which you are requesting discounts.
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections		15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM								
		16 Billing Account Number (e.g., billed telephone number) 207-547-4464								
12 Form 470 Application Number (15 digits) 681020000377973		17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2001								
13 SPIN - Service Provider Identification Number (9 digits) 143001285		18 Contract Award Date (mm/dd/yyyy)								
		19a Service Start Date (mm/dd/yyyy) 7/1/2002								
		19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2003								
14 Service Provider Name Northland Telephone		20 Contract Expiration Date (mm/dd/yyyy)								
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 7 _____										
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A1 _____										
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
38.17	-	38.17	12	458.00			0	458.00	89%	407.62

Entity Number: 227033
Contact Person: Louisa Loke

Applicants Form Identifier:
Phone Number:

Telephone
(978) 774-0774

Block 5: Discount Funding Request(s)

Block 5, page 8 of 12

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections		15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM								
12 Form 470 Application Number (15 digits) 681020000377973		16 Billing Account Number (e.g., billed telephone number) 203-596-1177-640								
13 SPIN - Service Provider Identification Number (9 digits) 143004070		17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2001								
		18 Contract Award Date (mm/dd/yyyy)								
		19a Service Start Date (mm/dd/yyyy) 7/1/2002								
		19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2003								
14 Service Provider Name SNET		20 Contract Expiration Date (mm/dd/yyyy)								
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 8 _____										
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A8 _____										
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
1,307.00	0	1,307.00	12	15,684.00			0	15,684.00	89%	\$ 13,958.76

Entity Number: 227033
Contact Person: Louisa Loke

Applicants Form Identifier:
Phone Number:

Telephone
(978) 774-0774

Block 5: Discount Funding Request(s)

Block 5, page 9 of 12

Instructions: Use one Block 5 page for **EACH** service (Funding Request Number) for which you are requesting discounts.
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections		15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM								
		16 Billing Account Number (e.g., billed telephone number) OS8								
12 Form 470 Application Number (15 digits) 681020000377973		17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2001								
13 SPIN - Service Provider 143001444 Identification Number (9 digits)		18 Contract Award Date (mm/dd/yyyy)								
		19a Service Start Date (mm/dd/yyyy) 7/1/2002								
		19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2003								
14 Service Provider Name State of Florida (Sprint)		20 Contract Expiration Date (mm/dd/yyyy)								
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 9 _____										
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A9 _____										
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
4,750.67	0	4,750.67	12	57008			0	57,008.00	89%	\$ 50,737.12

Entity Number: 227033
Contact Person: Louisa Loke

Applicants Form Identifier:
Phone Number:

Telephone
(978) 774-0774

Block 5: Discount Funding Request(s)

Block 5, page 10 of 12

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections					15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM					
					16 Billing Account Number (e.g., billed telephone number) 401-946-2020-087-005-2					
12 Form 470 Application Number (15 digits) 681020000377973					17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2001					
13 SPIN - Service Provider Identification Number (9 digits) 143001291					18 Contract Award Date (mm/dd/yyyy)					
					19a Service Start Date (mm/dd/yyyy) 7/1/2002					
					19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2003					
14 Service Provider Name Verizon, New England					20 Contract Expiration Date (mm/dd/yyyy)					
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 10										
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A1 _____										
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
8,390.08	0	8,390.08	12	100,681.00			0	100,681.00	89%	\$ 89,606.09

Entity Number: 227033
Contact Person: Louisa Loke

Applicants Form Identifier:
Phone Number:

Telephone
(978) 774-0774

Block 5: Discount Funding Request(s)

Block 5, page 12 of 12

Instructions: Use one Block 5 page for **EACH** service (Funding Request Number) for which you are requesting discounts.
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FRN # _____ (to be assigned by administrator)

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12 Form 470 Application Number (15 digits) 681020000377973		16 Billing Account Number (e.g., billed telephone number) 401-946-2020-087-005-2								
13 SPIN - Service Provider Identification Number (9 digits) 143006001		17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2001								
		18 Contract Award Date (mm/dd/yyyy)								
		19a Service Start Date (mm/dd/yyyy) 7/1/2002								
		19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2003								
14 Service Provider Name TDS Telecom		20 Contract Expiration Date (mm/dd/yyyy)								
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 10										
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23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
451.00	0	451.00	12	5,412.00			0	5,412.00	89%	\$ 4,816.68

Entity Number: 227033
Contact Person: Louisa Loke

Applicants Form Identifier:
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(978) 774-0774

Block 5: Discount Funding Request(s)

Block 5, page 12 of 12

Instructions: Use one Block 5 page for **EACH** service (Funding Request Number) for which you are requesting discounts.
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					16 Billing Account Number (e.g., billed telephone number) 401-946-2020-087-005-2					
12 Form 470 Application Number (15 digits) 681020000377973					17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2001					
13 SPIN - Service Provider Identification Number (9 digits) 143013063					18 Contract Award Date (mm/dd/yyyy)					
					19a Service Start Date (mm/dd/yyyy) 7/1/2002					
					19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2003					
14 Service Provider Name TTE					20 Contract Expiration Date (mm/dd/yyyy)					
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 10 _____										
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A1 _____										
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Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
149.33	0	149.33	12	1,792.00			0	1,792.00	89%	\$ 1,594.88